

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/											
3		/											
4		/											
5		/											
6		/											
7		/											
8		/											
9		/											
10		/											
11	/												
12		/											
13		/											
14		/											
15		/											
16	/												
17		/											
18		/											
19	/												
20		/											
21		/											
22	/												
23		/											
24		/											
25		/											
26		/											
27		/											
28	/												
29		/											
30		/											
31		/											
32	/												
33		/											
34	/												
35		/											
36	/												
37	/												
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	37						TOTAL CLAIMS						